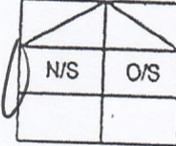


Kennerth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s 1 Two Day
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SMK 5776A Regn: 04, 19
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Crave c.c. 1496
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 213477 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: GM4 1207051
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: _____ R: 185/60R15
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Pailwin
 Front R/Bal. 5 mm Rear R/Bal. 6 mm
 L/Bal. 5 mm L/Bal. 6 mm
 D.O.A. 29/3/22 D.O.I. 5/4/2022
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
N/S body
 The UIC / Chassis frame / Body Structure affected due to collision.



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 03 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>6/4/22</u>	<u>1100h Carhit.</u>

Date/Time, File Pass to? : Prell. Report : Final Report

1) _____ Days Of Repair: _____

Date/Time, File Return to? _____ Resurvey No. of Trip: _____

2) _____

Report Format : _____

Lump Sum / I.B.I: (\$ _____)

Add Fee: : Site Insp (\$ _____) : Interview (\$ _____) : Tech Invs (\$ _____) : Weekend (\$ _____)

Survey Fee: _____
 Transportation: _____
 Fuel/os _____
 Others _____

TOTAL _____